

AO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT
DISTRICT OF DELAWAREMustafa Whitfield

Plaintiff

Glen Howell, Maureen Whelan, Delaware Dept. of Ed.

Defendant(s)

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER: 06 - 512

I, Mustafa Whitfield declare that I am the (check appropriate box)
☒ Petitioner/Plaintiff/Movant
 ☐ Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Question 2)If "YES" state the place of your incarceration Delaware Correctional CenterInmate Identification Number (Required): 317479Are you employed at the institution? NO Do you receive any payment from the institution? NOAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

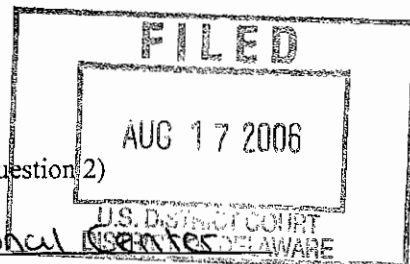
b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. Never had a job

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="radio"/> Yes	<input checked="" type="radio"/> No
b. Rent payments, interest or dividends	<input type="radio"/> Yes	<input checked="" type="radio"/> No
c. Pensions, annuities or life insurance payments	<input type="radio"/> Yes	<input checked="" type="radio"/> No
d. Disability or workers compensation payments	<input type="radio"/> Yes	<input checked="" type="radio"/> No
e. Gifts or inheritances	<input checked="" type="radio"/> Yes	<input type="radio"/> No
f. Any other sources	<input type="radio"/> Yes	<input checked="" type="radio"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

I received money orders
see last 6 month monthly balance



AO 240 Reverse (Rev. 10/03)
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts?

• • Yes

• • No ☒

If "Yes" state the total amount \$ _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes

• • No ☒

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

NONE

I declare under penalty of perjury that the above information is true and correct.

8/11/06

DATE

Mustafa C. Whittfield

SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

06 - 512

TO: Mustafa Whitfield SBI#: 317479

FROM: Stacy Shane, Support Services Secretary

RE: 6 Months Account Statement

DATE: August 9, 2006



Attached are copies of your inmate account statement for the months of February 1, 2006 to July 31, 2006.

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Feb</u>	<u>26.99</u>
<u>March</u>	<u>17.98</u>
<u>April</u>	<u>21.10</u>
<u>May</u>	<u>42.68</u>
<u>June</u>	<u>53.03</u>
<u>July</u>	<u>37.30</u>
Average daily balances/6 months: <u>33.18</u>	

Attachments

CC: File

Stacy Shane
8/9/06

Amber Forme
8/9/06

Individual Statement

Date Printed: 8/9/2006

Page 1 of 1

For Month of February 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$44.00
00317479	Whitfield	Mustafa				
Current Location:	SU/1	Comments: QOL I				
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #
Canteen	2/1/2006	(\$29.93)	\$0.00	\$0.00	\$14.07	215757
Mail	2/2/2006	\$10.00	\$0.00	\$0.00	\$24.07	218189
Canteen	2/14/2006	(\$23.94)	\$0.00	\$0.00	\$0.13	222383
Mail	2/17/2006	\$40.00	\$0.00	\$0.00	\$40.13	224958
Canteen	2/28/2006	(\$29.16)	\$0.00	\$0.00	\$10.97	228139
Ending Mth Balance:					\$10.97	
Total Amount Currently on Medical Hold: \$0.00						
Total Amount Currently on Non-Medical Hold: \$0.00						

MO # or
Ck #

PayTo

SourceName

MOM

MOM

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Individual Statement

Date Printed: 8/9/2006

For Month of March 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$10.97
00317479	Whitfield	Mustafa				
Current Location:	SU/1	Comments: QOL1				
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #
Mail	3/8/2006	\$15.00	\$0.00	\$0.00	\$25.97	232625
Canteen	3/15/2006	(\$14.89)	\$0.00	\$0.00	\$11.08	237078
Visit	3/21/2006	\$15.00	\$0.00	\$0.00	\$26.08	239236
Canteen	3/28/2006	(\$13.65)	\$0.00	\$0.00	\$12.43	241635
Ending Mth Balance:					\$12.43	

Total Amount Currently on Medical Hold: \$0.00**Total Amount Currently on Non-Medical Hold: \$0.00**

Date Printed: 8/9/2006

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Individual Statement

For Month of April 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$12.43
00317479	Whitfield	Mustafa				
Current Location:	SU/1	Comments: QOL1				
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #
Mail	4/5/2006	\$10.00	\$0.00	\$0.00	\$22.43	245911
Canteen	4/25/2006	(\$14.97)	\$0.00	\$0.00	\$7.46	254497
Visit	4/25/2006	\$15.00	\$0.00	\$0.00	\$22.46	254728
					Ending Mth Balance:	\$22.46
					Total Amount Currently on Medical Hold:	\$0.00
					Total Amount Currently on Non-Medical Hold:	\$0.00

MO # or Ck #

0535488048

48232019099-02542

PayTo

T. NEAL

T. NEAL

Individual Statement

Date Printed: 8/9/2006

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For Month of May 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$22.46
00317479	Whitfield	Mustafa				
Current Location:	SU/1	Comments: QOLI				
		Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #
Trans Type	Date					MO # or Ck #
Mail	5/5/2006	\$10.00	\$0.00	\$0.00	\$32.46	260136
Mail	5/9/2006	\$21.00	\$0.00	\$0.00	\$53.46	260711
Canteen	5/23/2006	(\$14.03)	\$0.00	\$0.00	\$39.43	266526
					MO # or Ck #	PayTo
					09870518417	B. FRIEND
					4805953275	T. NEAL
						SourceName
					Ending Mth Balance:	
					\$39.43	

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: \$0.00

Date Printed: 8/9/2006

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Individual Statement**For Month of June 2006**

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$39.43
00317479	Whitfield	Mustafa				
Current Location:		SU/1	Comments: QOL1			
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #
Canteen	6/6/2006	(\$5.60)	\$0.00	\$0.00	\$33.83	275140
Mail	6/8/2006	\$20.00	\$0.00	\$0.00	\$53.83	277028
Visit	6/12/2006	\$10.00	\$0.00	\$0.00	\$63.83	278160
Canteen	6/20/2006	(\$4.91)	\$0.00	\$0.00	\$58.92	281517
Pay-To	6/27/2006	(\$12.00)	\$0.00	\$0.00	\$46.92	284314
					Ending Mth Balance:	\$46.92
					MO # or Ck #	SourceName
						MOM
						T. NEAL
						AL-JUMUAH MAGAZI

Total Amount Currently on Medical Hold: \$0.00**Total Amount Currently on Non-Medical Hold: \$0.00**

Date Printed: 8/9/2006

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Individual Statement**For Month of July 2006**

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$46.92			
00317479	Whitfield	Mustafa							
Current Location:	SU/1	Comments: QOL1							
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Canteen	7/5/2006	(\$4.98)	\$0.00	\$0.00	\$41.94	287222			
Pay-To	7/12/2006	(\$31.45)	\$0.00	\$0.00	\$10.49	290798		TRULIFE PUBLICATI	
Canteen	7/18/2006	(\$6.77)	\$0.00	\$0.00	\$3.72	292529			
Visit	7/18/2006	\$20.00	\$0.00	\$0.00	\$23.72	293238	9252004312-03644		T. NEAL
Visit	7/18/2006	\$20.00	\$0.00	\$0.00	\$43.72	293239	9252004310-03645		T. NEAL
					Ending Mth Balance:	\$43.72			

Total Amount Currently on Medical Hold: \$0.00**Total Amount Currently on Non-Medical Hold: \$0.00**